MCCARTHY NURSING HOME FDD

124 S MONROE ST

STOUGHTON	53589	Phone: (608) 873-7462		Ownership:	Individual
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Cor	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	18	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	18	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/04:	17	Average Daily Census:	16

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%					
Home Health Care	No	Primary Diagnosis	%	Age Groups	· · · · · · · · · · · · · · · · · · ·	Less Than 1 Year	11.8	
Supp. Home Care-Personal Care	No					1 - 4 Years	29.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	76.5	More Than 4 Years	58.8	
Day Services No Mental		Mental Illness (Org./Psy)	0.0	65 - 74	5.9			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	17.6		100.0	
Adult Day Care	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	******		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			- Nursing Staff per 100 Resider		
Home Delivered Meals No		Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	23.5			
Transportation	No	Cerebrovascular	0.0			RNs	6.5	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	1.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	64.7	Aides, & Orderlies	32.4	
Mentally Ill	No			Female	35.3			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	Yes			ĺ	100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19) Other			Private Pay			Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				17	100.0	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	17	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		17	100.0		0	0.0		0	0.0		0	0.0		0	0.0		17	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04										
Deaths During Reporting Period					Total							
ercent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of					
Private Home/No Home Health	50.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		76.5	23.5	17					
Other Nursing Homes	50.0	Dressing	35.3		35.3	29.4	17					
Acute Care Hospitals	0.0	Transferring	64.7		17.6	17.6	17					
Psych. HospMR/DD Facilities	0.0	Toilet Use	52.9		29.4	17.6	17					
Rehabilitation Hospitals	0.0	Eating	70.6		11.8	17.6	17					
Other Locations	0.0	*******	******	*****	*******	******	******					
otal Number of Admissions	2	Continence		8	Special Treatmen	ts	%					
ercent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	11.8					
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	58.8	Receiving Trac	heostomy Care	0.0					
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	29.4	Receiving Suct	ioning	0.0					
Other Nursing Homes	0.0	İ			Receiving Osto	my Care	0.0					
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 23.5					
Rehabilitation Hospitals	0.0	į -				-						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics						
Deaths	0.0	With Pressure Sores		0.0	Have Advance D	irectives	100.0					
otal Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	0				Receiving Psyc	hoactive Drugs	58.8					

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This	F	All Facilties		
	Facility	Facilities			
	%	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	93.1	0.95	88.8	1.00
Current Residents from In-County	23.5	35.3	0.67	77.4	0.30
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00
Admissions/Average Daily Census	12.5	20.4	0.61	146.5	0.09
Discharges/Average Daily Census	0.0	28.3	0.00	148.0	0.00
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	23.5	16.0	1.47	87.9	0.27
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	40.0	55.0	0.73	49.4	0.81
Psychological Problems	58.8	48.1	1.22	57.7	1.02
Nursing Care Required (Mean)*	4.4	10.7	0.41	7.4	0.59